

PATENT APPLICATION COVER SHEET

COMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450





Sir/Madam:

Transmitted herewith is the patent application of:

Inventor(s): Eric Viscito and Dzung T. Hoang

For: "Hypothetical Reference Decoder for Compressed Image and Video"

Enclosed are:

- Seven (7) Sheets of drawings
- ☐ Request for Non-Publication (Form PTO/SB/35 (11-00))
- An assignment of the invention to Conexant Systems, Inc.
- ☐ The enclosed payment includes \$40.00 for the recording of the assignment
- ☐ Applicant(s) claim(s) small entity status
- ☐ Information Disclosure Statement
- □ Declaration and Power of Attorney
- ☐ The filing fee has been calculated as shown below:

		ol. 1)	(Col. 2)	
FOR:	No	. Filed	No. Extra	
BASIC FEE				
TOTAL CLAIMS	31	-20 =	11	
INDEPENDENT CLAIMS	8	-3 =	5	
MULTIPLE DEPENDENT C	LAIM	IS PRES	ENTED	

If the difference in Col. 1 is less than zero, enter "0" in Col. 2

~ ~ ~			T	~~~	~* *
SM	IAI	L.L.	EN	ш	·Y

RATE	FEE
	\$375.00
x 9 =	\$
x 42=	\$
+140=	\$
TOTAL	\$

OTHER THAN A SMALL ENTITY

RATE	FEE
	\$750.00
x 18 =	\$198.00
x 84 =	\$420.00
+280 =	\$0.00
TOTAL	\$1,368.00

☑ Enclosed is a payment in the amount of \$1,408.00 by credit card (Form PTO-2038 attached).

☐ Please charge Deposit Account No. 50-0731 in the amount of \$	
---	--

Attorney Docket No.: 02CON382P

 \boxtimes The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed. Reg. No.: 41,014 "EXPRESS MAIL" mailing label number Date of Deposit I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, PATENT TRADEMARK OFFICE Alexandfia, VA 22313/1450. Farshad Farjami, Esq. FARJAMI & FARJAMI LLP (Signature) 16148 Sand Canyon Irvine, CA 92618 Lori Llave

(Typed or Printed Name of Person Mailing Paper or Fee)

(949) 784-4600